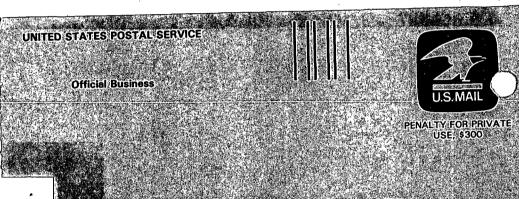
 SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so the return this card to you. Attach this form to the front of the mailpiece, or on the back it is not permit. Write "Return Receipt Requested" on the mailpiece below the artification. The Return Receipt Fee will provide you the signature of the person and the date of delivery. 	f space 1. Addressee's Address
3. Article Addressed to:	4a. Article Number
(b) (6)	P 055 800 912 4b. Service Type ☐ Registered ☐ Insured ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise 7. Date of Pelivery
5. Signature (Addressee) 6. Signature (Agent)	Addressee's Address (Only if requested and fee is paid)
(b) (6)	
PS Form 3811 , November 1990 ± U.S. GPO: 1991-287	OGG DOMESTIC RETURN RECEIPT



P 055 800 🛴 2



Receipt for Certified Mail

No Insurance Coverage Provided Do not use for International Mail (See Reverse)

Sent to (b) (6)	
Street and No. (b) (6)	
P.O., State and ZIP Code (b) (6)	
Postage	\$
Certified Fee	
Special Delivery Fee	:
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Print-your name, address and ZIP Code here

DON MARKHAM (LOSE RA).
EPA REGION VI.
HITHE ROSS AVE, SUITE 1200
DALLAS, TX 75202-2733

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